U.S. Polent and Trace
U.S. Polent and Trace
Under the Paperwork Reduction Aux of 1895, no persons are required to respond to a collection of information

POWER OF	ATTORNEY TO PROS	SECUTE .	APP	LICATIONS B	EFORE TH	E USI	PTO
I hereby revoke all pro 37 CFR 3.73(b).	evious powers of attorney of	given in the	appli	cation identified in	the attached	statem	ent under
I hereby appoint:							
Practitioners associated with the Customer Number:		58898					
C OR				aread then a runtar	mer nymber mis	at be used	n:
Practitioner(s) name	d below (if more than ten patent p	pracutioners at	e to be				Registration
	Name	Registration Number		Na	me		Number
			Ш	-			
			瀚	0			
			10				
							السيا
as attorney(s) or agent(s) t	to represent the undersigned before	re the United	States	Patent and Trademark	COMICE (USPTO	) in conn nment do	ection with cuments
	to represent the undersigned before assigned only to the undersigned only to the undersign ordence with 37 CFR 3.73(b).	aned according	g to mi	CSP10 seediment	1000100 41 000-0		
Situating to this follows and	condence address for the applicat	lon identified i	n the s	ttached statement und	ier 37 CFR 3.73	(b) to:	
Please change the corresp	ducation sociates to the abbiton				1		
<b>▽</b>		588	58898				
OR The address ass	sociated with Customer Number:						
Firm or			_				
Individual Name			_				
Address					Zip		
City		State					
Country							
Telephone							
لــــــــــــــــــــــــــــــــــــــ							
Assignee Name and Addr	ess: Translume, Inc.						
	a Michigan Corporation	on					
655 Phoenix Drive Ann Arbor, Michigan 48108							
						ad) (= 00	equired to be
A conv of this form, t	together with a statement ur ion in which this form is use	der 37 CFR	3,73	b) (Form PTO/SB/s	73(b) may be	oomple	ted by one of
filed in each applicat	IGHT III WILLOW GITS IDITION OF	animinal arms	-titior	er is authorized to	act on behal	f of the	assignee,
the practitioners app	application in which this P	ower of Atto	rney	is to be filed.			
and most more y	SIGN	ATURE of Ass	elgnee	of Record	behalf of the a	ssignee	
The in	SIGN dividual whose signature and titl	e is supplied	octow	IS ((UDIOTALES TO TO	Date Jan	22	2007
Signature 1 h (seed)						1201	528-633
Name PHI	LIPPE BAD	0			Telephone	(191)	020 000
	1			to die abida O'	retain a benefit by	the public	which is to file (ar
This collection of information	n is required by 37 CFR 1.31, 1.32 an an application. Confidentially is governing, preparing, and submitting the country.	d 1.33. The info	c. 122	red 37 CFR 1.11 and 1.1	4. This collection	upon the	ed to take 3 minus individual casa. At
to complate, including gathe	aring, preparing, and submitting the co	unitered abbuse	estions	for reducing this burden,	should be sent to	the Chic	S OR COMPLETE
comments on the amount of	an application. Confidentially is governing, preparing, and submitting the co- ting preparing, and submitting the co- time you require to compute this for & Office, U.S. Department of Commiss. S. SEND TO: Commissioner for	Patents P	1450, A	ioxendria, VA 22313-14 1450, Alexandria, V	A 22313-1450.		
FORMS TO THIS ADDRESS	S. SEND TO: Commissioner to	or renome, r.		+ pap prop 0400 and	palent option 2.		